



Texas Incentives for Physician and Professional Services (TIPPS) Application

The Texas Health and Human Services Commission (HHSC) announces enrollment for the Texas Incentives for Physician and Professional Services (TIPPS) program for the eligibility period covering September 1, 2021-August 31, 2022.

TIPPS is a physician-directed payment program (DPP) to serve as a transition from Network Access Improvement Program (NAIP) and Delivery System Reform Incentive Payment (DSRIP) for physician groups. TIPPS is designed to incentivize physicians and certain medical professionals to improve quality, access, and innovation in providing medical services to people with Medicaid using metrics that are expected to advance at least one of the goals and objectives of the state's quality strategy.

Participation

To qualify to participate in TIPPS, a physician group must meet the requirements of one of the three eligible classes. The three classes eligible to participate are:

- 1) Health Related Institution (HRI) Physician group: Network physician group owned or operated by an institution named in Texas Education Code Section 63.002;
- 2) Indirect Medical Education (IME) group: Network physician group contracted with, owned, or operated by a hospital receiving either a medical education add-on or a teaching medical education add-on as described in 1 Texas Administrative Code Section 355.8052 (relating to Inpatient Hospital Reimbursement) for which the hospital is assigned or retains billing rights for the physician group; and
- 3) Other physician group: A physician group that is not a HRI or IME, is enrolled with a Managed Care Organization (MCO) for the delivery of Medicaid covered benefits, is located in a service delivery area with at least one sponsoring governmental entity, and has served at least 250 unique Medicaid managed care clients in the prior state fiscal year.

Payment Methodology Components:

3/17/2021

- 1) Component 1: Paid as a per-member-per-month (PMPM) payment triggered by reporting on

quality improvement metrics (65 percent of total program value). HRIs and IMEs are eligible to participate in Component 1.

2) Component 2: Serves as a uniform rate enhancement based on the achievement of quality metrics focused on primary care and chronic care (25 percent of total program value). HRIs and IMEs are eligible to participate in Component 2.

3) Component 3: Serves as a rate enhancement for certain physician services based on achievement of quality metrics focused on maternal health, chronic care, behavioral health, and SDOH (10 percent of total program value). All physician groups enrolled with an MCO for the delivery of Medicaid covered benefits are eligible to participate in Component 3.

Apply for TIPPS

The application is comprised of the following sections: (1) Physician Group Information; (2) Quality Questions; (3) Certification and should take about 10 minutes to complete. The application must be submitted by 5:00 PM on April 5, 2021. No extensions beyond the April 5, 2021, due date will be awarded, any application submitted after the due date will not be accepted.

The contact information provided within this application will be used for further communications. Once the application period is complete, the applications will be processed and follow-up communication will be sent. For questions about TIPPS, please visit the HHSC website. For questions regarding the content of the application, please email the question(s) to ProviderFinanceDept@hhs.texas.gov (mailto:ProviderFinanceDept@hhs.texas.gov) with "TIPPS Application" in the subject line.

* Required

3/17/2021

Section 1 - Physician Group Information

In this section, please enter physician group and contact information.

A taxonomy code is a unique 10-character code that identifies your provider type and specialization.

The application will be limited for Class 1 and Class 2 physician groups who bill with the following taxonomy codes: <http://registration.hhsc.state.tx.us/downloads/tipps-taxonomy-codes.xlsx>
(<http://registration.hhsc.state.tx.us/downloads/tipps-taxonomy-codes.xlsx>)

This application will be limited for Class 3 physician groups who bill with the following taxonomy codes: 193200000X, 207ND0900X, 207PE0005X, 193400000X.

Use these taxonomy codes to determine your relevant billing National Provider Identifiers (NPI's).

1. Physician Group Name *

2. Doing Business As (DBA)

3. Billing Physician Group 9-digit Taxpayer Identification Number (TIN) WITHOUT Hyphen. Please list all that apply separated by commas. *

Example - 123456789, 987654321, 012345678, etc.

4. Billing Physician Group 10-digit National Provider Identifier (NPI). Please list all that apply separated by commas. *

Example - 1234567890, 9876543210, 0123456789, etc.

5. Primary Contact Name *

6. Primary Contact Title *

7. Primary Contact Phone Number Without Special Characters *

Example - 1234567890

The value must be a number

8. Primary Contact Email Address *

9. Secondary Contact Name *

10. Secondary Contact Title *

11. Secondary Contact Phone Number Without Special Characters *

Example - 1234567890

The value must be a number

12. Secondary Contact Email Address *

13. Preparer Contact Name *

☐ Primary Contact☐ Secondary Contact☐

Other

14. Preparer Contact Title *

15. Preparer Contact Phone Number Without Special Characters *

Example - 1234567890

The value must be a number

16. Preparer Contact Email Address *

Section 2 - Quality Questions

Participating physician groups must have a minimum denominator volume of 30 Medicaid patients in at least 50 percent of the quality metrics in CY2021 in each Component 2 and 3 to be eligible to participate in the Component. Refer to the TIPPS Measure Specifications for additional information on denominator inclusions and exclusions: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/measure-specifications-chirp-tipps-rapps-dpp-bhs.xlsx> (<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/measure-specifications-chirp-tipps-rapps-dpp-bhs.xlsx>) and TIPPS requirements: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-requirements.pdf> (<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/Waivers/medicaid-1115-waiver/tipps-requirements.pdf>).

17. Select the class of physician group for which you are applying. *

- ☐ Class 1: HRI Group
- ☐ Class 2: IME Group
- ☐ Class 3: Other Physician Group

18. Please certify that you expect to have a minimum denominator volume of 30 Medicaid patients in CY2021 in at least 5 of the following measures in Component 2. Each measure selected must have a minimum denominator volume of 30 Medicaid patients. HHSC will verify minimum volume during reporting. *

To qualify for Component 2, FIVE of the following measures must be met.

- ☐ Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- ☐ Cervical Cancer Screening
- ☐ Childhood Immunization Status
- ☐ Immunization for Adolescents
- ☐ Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- ☐ Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing
- ☐ Preventive Care and Screening: Influenza Immunization
- ☐ Tobacco Use and Help with Quitting Among Adolescents
- ☐ Chlamydia Screening in Women
- ☐ Controlling High Blood Pressure

3/17/2021

19. Please certify that you expect to have a minimum denominator volume of 30 Medicaid patients in CY2021 in at least 3 of the following measures in Component 3. Each measure selected must have a minimum denominator volume of 30 Medicaid patients. HHSC will verify minimum volume during reporting. *

To qualify for Component 3, THREE of the following measures must be met.

- ☐ Food Insecurity Screening
- ☐ Maternity Care: Post-Partum Follow-Up and Care Coordination
- ☐ Behavioral Health Risk Assessment for Pregnant Women
- ☐ Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (>9.0%)
- ☐ Depression Response at Twelve Months
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Section 3 - Certification

20. By checking this box, I certify that I understand that as a condition of participation in the program I will be required to report on all measures for which I am eligible to report for the Component(s) I participate in. I understand that failure to report on any measures will make me ineligible to participate in the program and any funds that I have received may be subject to recoupment. *

☐ Certify

21. By checking this box, I certify that I understand that information I provide may be published at the provider level in interim or final reports to CMS or the public about this program. This information may include the Average Commercial Reimbursement (ACR) gap or the ACR Upper Payment Limit (UPL). *

☐ Certify

22. By checking this box, I certify that I understand that I must serve at least 250 unique Medicaid managed care clients in each program period in order to be eligible for payment. *

☐ Certify

23. By checking this box, I certify that no part of any payment made under TIPPS will be used to pay a contingent fee nor does any agreement with the physician practice group use a reimbursement methodology that contains any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program, including the physician group's receipt of TIPPS funds. *


☐ Certify

3/17/2021

24. By checking this box, I certify that the physician group will submit to HHSC, upon demand, copies of contracts it has with third parties that reference the administration of, or payments from, TIPPS. *

☐ Certify

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3/17/2021